

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011287

1249

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED MAR 19 1962

VS 300
Rev. 4/59

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DATE AMENDED
3-2-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
Anheuser Busch Beers

ITEM NO. SHOULD READ
10b Carling Brewing Co.

DOCUMENT

BY AFFIDAVIT OF Funeral Home.

Elsie A. Erickson MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Restorium		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS (If outside, give location) 3404 Gillham Rd.	
3. NAME OF DECEASED (Type or print) BERTRAM REEVES		4. DATE OF DEATH Month February Day 28 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-15-?
9. AGE (last birthday) approx. 84		10. IF UNDER 1 YEAR Months 84 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch Beers (Carling Brewing Co.)	
11. BIRTHPLACE (City and state or country) Philadelphia, Penn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME unknown (Reeves)		13b. MOTHER'S MAIDEN NAME Emma (unknown)	
14. NAME OF HUSBAND OR WIFE Myrtle Haught Reeves		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Miss Chattie Reed 3404 Gillham Rd.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) Senile Dementia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH 1 day 4 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 8:05 P.M. Month, Day, Year Feb 28, 1962	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 13, 1959 to Feb 28, 1962 and last saw him alive on Feb 28, 1962 Death occurred at 8:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Elsie A. Erickson, D.D.	
22b. ADDRESS 7722 Arlington Ave. Raytown		22c. DATE SIGNED 3/1/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 3-3-62	
23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Woodland		25. DATE RECD. BY LOCAL REG. 3-2-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Merald A. Burger

Licensed Embalmer No. 4763

P. O. Address K. E. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.